Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11-21-13	Address:	2501 South County Road 1050 W	
Incident #:	13ISPC011533		Greensburg, In	
County :	Decatur		47240	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
Operational Lab		Residence		
□ Operational Eab□ Chemical/Glassware/Equipment (only)□ Dumpsite (only)		Outbuilding Vehicle	Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
☐ Flammable Solvents: <u>basement</u>				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: <u>basement</u>				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Vehicle Information:				
Owner: VIN: Year:		Make: Model:		
☐ Yes ∑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring: se	tions of home: clean disarray ength of time manufacturing had been everal months enformation:	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department City, Township or County Greensburg Health Department County: Decatur Co Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: email Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: and and and an analysis of the services of				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Rudy Perez</u> Phone <u>812-663-3131</u>				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.